

## Test Kit Documentation Form

### **Owner Information**

Name of Owner/Occupant:		
Address:		
City:	State:	Zip Code:
Email:	Phone :	

### **Renovation Information**

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator.		
Renovation Address:		Unit #:
City:	State:	Zip Code:
Certified Firm Name:		
Address:		
City:	State:	Zip Code:
Email:	Phone :	
Certified Renovator Name:	Date Certified:	

### **Test Kit Information**

Use the following blanks to identify the test kit or test kits used in testing components.		
<u>Test Kit #1</u>		
Manufacturer:		Manufacture Date:
Model:	Serial #:	
Expiration Date:		
<u>Test Kit #2</u>		
Manufacturer:		Manufacture Date:
Model:	Serial #:	
Expiration Date:		
<u>Test Kit #3</u>		
Manufacturer:		Manufacture Date:
Model:	Serial #:	
Expiration Date:		

## Test Kit Documentation Form continued

Renovation Address:	Unit #:
City:	State: Zip Code:

Test Location # _____	Test Kit Used: (Circle only one)	Test Kit #1	Test Kit #2	Test Kit #3
Description of test location: _____				
Result: is lead present? (Circle only one)		YES	NO	Presumed

Test Location # _____	Test Kit Used: (Circle only one)	Test Kit #1	Test Kit #2	Test Kit #3
Description of test location: _____				
Result: is lead present? (Circle only one)		YES	NO	Presumed

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Description of test location: _____				
Result: is lead present? (Circle only one)		YES	NO	Presumed

Test Location # _____	Test Kit Used: (Circle only one)	Test Kit #1	Test Kit #2	Test Kit #3
Description of test location: _____				
Result: is lead present? (Circle only one)		YES	NO	Presumed